

# Texas

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## State CARE Act Program Profile

### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$25,183,672	\$27,152,564	\$30,231,711	\$82,567,947
Title II (including ADAP)	\$16,132,517	\$25,697,515	\$35,149,403	\$76,979,435
ADAP	(\$3,496,103)	(\$11,061,308)	(\$19,651,998)	(\$34,209,409)
Title III	\$2,696,578	\$3,062,967	\$3,107,417	\$8,866,962
Title IV	\$2,202,600	\$2,613,857	\$2,796,714	\$7,613,171
SPNS	\$772,194	\$766,650	\$808,634	\$2,347,478
AETC	\$813,786	\$586,389	\$756,157	\$2,156,332
Dental	\$130,139	\$135,873	\$134,620	\$400,632
<b>Total</b>	<b>\$47,931,486</b>	<b>\$60,015,815</b>	<b>\$72,984,656</b>	<b>\$180,931,957</b>

### Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

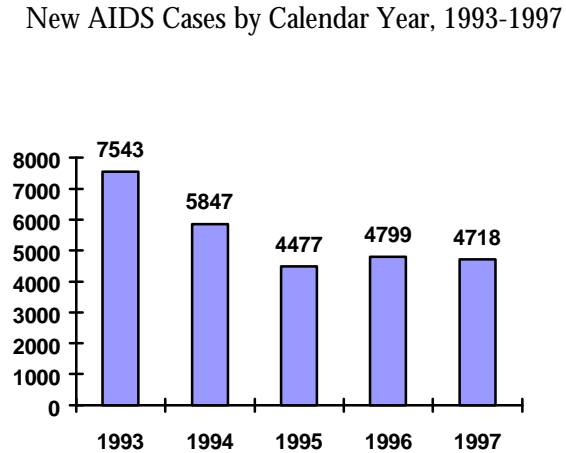
	1996	1997	1998
Title I	5	5	5
Title III	7	7	7
Title IV	5	5	5
SPNS	2	2	2
AETC (grantee or subcontractor)	12	12	12
Dental	4	5	5

## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Texas (Pop. 19,439,337)

- ▶ Persons reported to be living with AIDS through 1997: 18,479
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 213
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated January 1999)
- ▶ State AIDS Cases (cumulative) since 1993: 27,384 (7% of AIDS cases in the U.S.)



## Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	83%	78%
Women (13 years and up):	17%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	40%	33%
African American:	38%	45%
Hispanic:	22%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	47%	35%
Injecting drug user (IDU):	17%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	4%
Heterosexual contact:	13%	13%
Other, unknown or not reported:	18%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	3%	<1%
Mother with/at risk for HIV infection:	87%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	10%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	229.7	194.5
Gonorrhea (1996)	123.5	124.0
Syphilis (1996)	4.8	4.3
TB (1997)	10.2	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** lack of a statewide standard continuum of care; need to identify and serve hard-to-reach populations; funding for medications; research and treatment protocols for women and children; services and treatment for multiply diagnosed; lack of measurable outcomes as required by funding sources; lack of epidemiological data; lack of available clinical trials in some part of the state; and lack of collaboration among HIV, STD and TB programs
- ▶ **Emerging Needs:** changing demographics of the HIV population; impact on new therapies; and impact of welfare reform, immigration reform and Medicaid managed care

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	25% FPL

\*Income eligibility for State's ADAP program is 200% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	Yes
Refill limit:	Yes
Quantity Limit:	Yes

### Waivers

#### **1115**

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** No

#### **1915(b)**

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

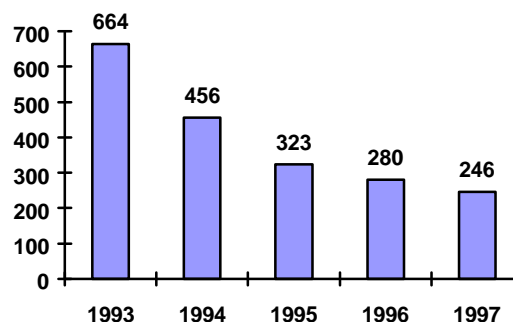
**1915(b) waiver(s):** Yes

## Title I: Austin (Pop. 1,021,567)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Bastrop, Caldwell, Hays, Travis, Williamson Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,408
- ▶ AIDS Cases (cumulative) since 1993: 1,969 (7% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	86%	83%	78%
Women (13 years and up):	14%	17%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	2%	2%
20+ years old:	100%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	43%	40%	33%
African American:	34%	38%	45%
Hispanic:	23%	22%	21%
Asian/Pacific Islander:	0%	1%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	41%	47%	35%
Injecting drug user (IDU):	20%	17%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	6%	4%
Heterosexual contact:	6%	13%	13%
Other, unknown or not reported: (Adults only)	27%	18%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,326,988	\$1,472,856	\$1,503,410	\$4,303,254
Supplemental	\$1,071,683	\$1,865,005	\$1,353,342	\$4,290,030
Total	\$2,398,671	\$3,337,861	\$2,856,752	\$8,593,284

## Allocation of Funds

	1998
Health Care Services	\$1,652,581/58%
Medications	\$0/0%
Case Management	\$480,495/17%
Support Services	\$563,884/20%
Administration, Planning and Program Support	\$159,792/6%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 28
- ▶ PLWH on planning council: 10 (36%)

## Gender of Planning Council Members

Men:	50%
Women:	50%

### **Race/Ethnicity of Planning Council Members**

White:	57%
African American:	18%
Hispanic:	21%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	4%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	3,260
Men:	78%
Women:	22%

<13 years old:	3%
13-19 years old:	0%
20+ years old:	97%

White:	51%
African American:	28%
Hispanic:	19%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	38%
Injecting drug user (IDU):	9%
Men who have sex with men and inject drugs (MSM/IDU):	5%
Heterosexual contact:	7%
Other, unknown or not reported:	42%



► **Improved Patient Access**

- Title I funds provided essential services to 1,556 unduplicated clients in 1997, which included significant increases in clients served by various providers. Following are several examples. 1) The David Powell Clinic, the only HIV-specific indigent medical provider, has experienced a more than 12-fold increase since the inception of CARE Act funding, serving 787 clients in 1997 compared to 60 in 1990. Funding increases in FY 1997 were used to add evening hours, expanding operations from 40 hours/week to 52 hours/week to improve access for the working poor. Antiretrovirals and drugs to prevent/treat opportunistic disease were also made available on site to clients while they are awaiting enrollment in the Title II state ADAP program or a drug manufacturer's patient assistance program, to ensure that clients begin therapies as soon as the physician prescribes them. 2) AALGO/Informe-SIDA, the area's agency targeting African Americans and Hispanics, provided early intervention case management services to 80 clients in 1997, an increase of almost 130% over the 35 clients served in 1995. 3) Waterloo Counseling Center provided individual and group psychotherapy to more than 200 individuals with HIV disease in 1996, a 15% increase over the previous year. 4) At Community Action, the only rural provider of HIV case management, 70 new clients were enrolled in 1997, representing an increase of 31% in new enrollees since 1994. 5) The Interfaith Care Alliance reported a 200% increase in the number of clients receiving buddy and companion services between 1995 and 1997.
- The Austin Title I program worked with State-funded counseling and testing programs during FY 1997, to ensure that clients receiving positive HIV-test results are immediately referred to primary medical care. As a result, the number of newly diagnosed clients receiving primary care has significantly increased. For example, 40% of the David Powell Clinic's new clients in 1997 were referrals from the counseling and testing sites.

► **Improved Patient Outcomes**

- The grantee reports that as a result of increased Title I funding for additional medical staff to provide services and improved access to new antiretroviral medications, the David Powell Clinic experienced a 45% decrease in hospitalizations of clinic patients during 1997. Clinic staff also report observing a significant decrease in the incidence of life threatening opportunistic infections during FY 1997, with corresponding increases in clients' CD4 levels and significant decreases in viral burden assays. No hard quantitative data is yet available for these two indicators, but clinic charts document these events for individual clients. Also, by using Title I funds to hire more medical staff, the clinic successfully reduced the waiting time for appointments from nine weeks in 1995 to seven days in 1997.
- Services provided by the Title II-funded pediatric clinical care coordinator has resulted in all identified pregnant clients receiving information about the benefits of ZDV treatment in greatly reducing the risk of HIV transmission to their infants. In 1997, 12 HIV infected pregnant women and their babies received appropriate ZDV treatment during pregnancy, delivery, and for the first six weeks of life.
- Through effective case management, appropriate referrals, and access to new therapies, a rural service provider reports that deaths in their client population have fallen despite an increasing client caseload: from 15 deaths in 1992, to 13 deaths in 1993, to 25 in 1994, to 26 in 1995, to 21 in 1996, and only eight deaths reported in 1997.

- With Care Act funding, the Journey Outpatient Treatment Program provided substance abuse services to PLWH. In 1997, 32 clients successfully completed the harm reduction program and have maintained abstinence or reduced levels of drug use. Residual outcomes include improved health and mental status, consistent health care visits, and stable medication routines.

▶ **Cost Savings**

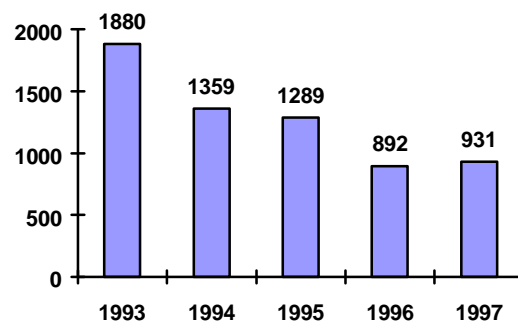
- A pilot managed-care model expanded access and reduced overall costs. Working with the area's principal substance abuse services provider, the Title I program implemented a pilot managed-care model to credential providers, standardize initial client assessment, and authorize clients for specific counseling and treatment services. The pilot was expanded in 1998 to cover all substance abuse services.
- Title I funds were used to support a new Patient Assistance Specialist position, to assist clients with enrolling in drug manufacturer's patient assistance programs. The grantee estimates this has resulted in \$800,000 in in-kind medications for low-income, uninsured clients in FY 1997.

## Title I: Dallas

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Rockwall Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 4,639
- ▶ AIDS Cases (cumulative) since 1993: 6,351 (23% of state cases, 2% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	86%	83%	78%
Women (13 years and up):	14%	17%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	2%	2%
20+ years old:	99%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	49%	40%	33%
African American:	38%	38%	45%
Hispanic:	12%	22%	21%
Asian/Pacific Islander:	0%	1%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	66%	47%	35%
Injecting drug user (IDU):	10%	17%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	6%	4%
Heterosexual contact:	10%	13%	13%
Other, unknown or not reported: (Adults only)	8%	18%	24%

### Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$4,329,958	\$4,695,421	\$4,796,657	\$13,822,036
Supplemental	\$3,490,695	\$3,434,162	\$4,285,560	\$11,210,417
Total	\$7,820,653	\$8,129,583	\$9,082,217	\$25,032,453

### Allocation of Funds

	1998
Health Care Services	\$3,416,624/38%
Medications	\$108,000/1%
Case Management	\$1,012,543/11%
Support Services	\$3,799,395/42%
Administration, Planning and Program Support	\$745,655/8%

### Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 26
- ▶ PLWH on planning council: 8 (31%)

### Gender of Planning Council Members

Men:	50%
Women:	50%

### **Race/Ethnicity of Planning Council Members**

White:	58%
African American:	27%
Hispanic:	12%
Asian/Pacific Islander:	4%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	14,970
Men:	81%
Women:	19%

<13 years old:	4%
13-19 years old:	1%
20+ years old:	95%

White:	54%
African American:	31%
Hispanic:	13%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	68%
Injecting drug user (IDU):	10%
Men who have sex with men and inject drugs (MSM/IDU):	11%
Heterosexual contact:	7%
Other, unknown or not reported:	3%

#### **► Improved Patient Access**

- Title I-funded providers reported a 52% increase in the number of clients receiving primary care in FY 1997 compared with the previous year, with a total of 2,958 individuals served and 19,480 medical visits provided.
- To enhance health care for the most vulnerable populations, the Title I program increased funding for outpatient medical care and targeted funds to underserved populations. For example, South Dallas Health Access, which serves low-income, hard-to-reach minority and dually diagnosed populations, was awarded \$830,019 in FY 1997, an increase of 128% compared to FY 1996.

► **Improved Patient Outcomes**

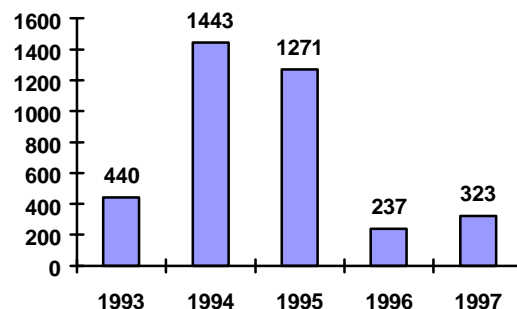
- Parkland Hospital, the principal provider of indigent medical care in Dallas County, reported a decline in the average number of emergency room (ER) admissions among HIV/AIDS clients over the last three years. The number of ER admissions dropped from an average of 4.35 admissions per client in FY 1994 (4,001 admissions for 920 patients) to an average of 2.47 ER admissions per client in FY 1997 (1,945 admissions for 789 patients).
- Parkland Hospital also reported a decline in HIV-related hospitalizations since 1996. The hospital attributes the reductions in ER admissions and hospitalization rates to improved access to early intervention, medical care, medications to prevent opportunistic disease, and the impact of new antiretroviral treatments. In FY 1995, for a patient population of 744 there were 1,668 admissions, an average of 2.24 admissions per client. In FY 1997, for a patient population of 613 there were 1,039 admissions, an average of 1.69 admissions per client.

## Title I: Fort Worth-Arlington (Pop. 1,400,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Hood, Johnson, Parker, Tarrant Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,347
- ▶ AIDS Cases (cumulative) since 1993: 3,714 (14% of state cases, 1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	82%	83%	78%
Women (13 years and up):	18%	17%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	2%	2%
20+ years old:	99%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	53%	40%	33%
African American:	36%	38%	45%
Hispanic:	10%	22%	21%
Asian/Pacific Islander:	0%	1%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	45%	47%	35%
Injecting drug user (IDU):	29%	17%	24%
Men who have sex with men and inject drugs (MSM/IDU):	9%	6%	4%
Heterosexual contact:	8%	13%	13%
Other, unknown or not reported: (Adults only)	10%	18%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,095,678	\$1,259,284	\$1,367,592	\$3,722,554
Supplemental	\$1,159,720	\$642,948	\$1,250,432	\$3,053,100
Total	\$2,255,398	\$1,902,232	\$2,618,024	\$6,775,654

## Allocation of Funds

	1998
Health Care Services	\$950,449/36%
Medications	\$160,000/6%
Case Management	\$470,693/18%
Support Services	\$777,749/30%
Administration, Planning and Program Support	\$259,133/10%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 31
- ▶ PLWH on planning council: 8 (26%)

## Gender of Planning Council Members

Men:	32%
Women:	68%



### **Race/Ethnicity of Planning Council Members**

White:	74%
African American:	23%
Hispanic:	3%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

#### **► Improved Patient Access**

- In response to new treatment guidelines and increased demand for newly approved HIV/AIDS medications, the Planning Council identified primary medical care, treatment and services to keep people in care as the top priorities in FY 1997, shifting funds from social services to medical services. In doing so, no services were eliminated. During FY 1997, approximately 900 clients per month received primary health care and support services.
- The Title I program added viral load testing in FY 1997 as an integral component of primary care, and adopted specific outcome indicators for the new service. Viral load testing is required for all clients prior to starting antiretroviral treatment with protease inhibitors, and to monitor progress.

#### **► Improved Patient Outcomes**

- The Title I program adopted standards for social and medical case management services, and outcome measures for viral load testing services.

#### **► Cost Savings**

- During the contracting process, the grantee was successful in negotiating a lower cost for viral load testing.

#### **► Other Accomplishments**

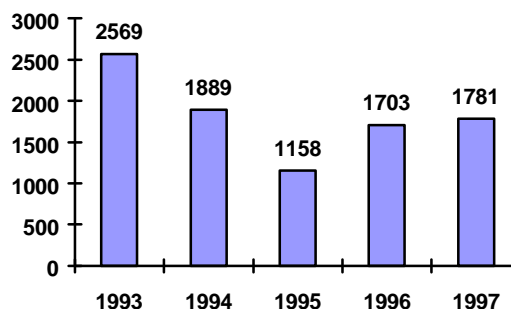
- In FY 1997, the EMA created separate categories for laboratory services and medications to enhance client monitoring, and to improve data collection for needs assessment, reporting and evaluation activities.
- The grantee and Planning Council developed new policies and procedures to monitor contract expenditures and reallocate any unused funds in accordance with established program priorities.

## Title I: Houston (Pop. 3,322,025)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Chambers, Fort Bend, Harris, Liberty, Montgomery, Walker Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 7,258
- ▶ AIDS Cases (cumulative) since 1993: 9,100 (33% of state cases, 2% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	79%	83%	78%
Women (13 years and up):	21%	17%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	3%	2%	2%
20+ years old:	97%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	39%	40%	33%
African American:	42%	38%	45%
Hispanic:	18%	22%	21%
Asian/Pacific Islander:	1%	1%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	45%	47%	35%
Injecting drug user (IDU):	15%	17%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	6%	4%
Heterosexual contact:	18%	13%	13%
Other, unknown or not reported: (Adults only)	15%	18%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$5,803,257	\$6,201,499	\$7,022,187	\$19,026,943
Supplemental	\$4,509,267	\$4,567,198	\$5,700,292	\$14,776,757
Total	\$10,312,524	\$10,768,697	\$12,722,479	\$33,803,700

## Allocation of Funds

	1998
Health Care Services	\$6,963,007/55%
Medications	\$627,652/5%
Case Management	\$2,084,928/16%
Support Services	\$2,040,260/16%
Administration, Planning and Program Support	\$1,006,632/8%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 31
- ▶ PLWH on planning council: 9 (29%)

## Gender of Planning Council Members

Men:	58%
Women:	42%

### **Race/Ethnicity of Planning Council Members**

White:	48%
African American:	39%
Hispanic:	13%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	27,080
Men:	75%
Women:	24%

<13 years old:	3%
13-19 years old:	2%
20+ years old:	96%

White:	38%
African American:	42%
Hispanic:	18%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%

Men who have sex with men (MSM):	48%
Injecting drug user (IDU):	17%
Men who have sex with men and inject drugs (MSM/IDU):	18%
Heterosexual contact:	8%
Other, unknown or not reported:	9%

#### **► Improved Patient Access**

- The number of clients receiving primary care increased from 2,500 to 4,000 clients between 1995 and 1997, an increase of 60%.

- To better meet the needs of PLWH the Title I program implemented several initiatives in FY 1997. 1) A primary care program exclusively dedicated to HIV-infected women was established. 2) A medically managed child day care program was developed with registered nurses on-site, to serve HIV-infected infants and children with complex medical issues that prevent them from using community day care sites. 3) Viral load testing was added to primary care services. 4) Title I funds were allocated to provide HIV/AIDS medications at the Title III early intervention site, so that newly-diagnosed PLWH can be placed on combination therapies while waiting to be accepted by the state ADAP program. 5) In addition, \$900,000 in Title I funds was contributed to the state's ADAP to assist with the cost of protease inhibitors. 6) Peer-led support groups (i.e., led by non-mental health professionals) were established to assist PLWH with the "Lazarus effect" (i.e., living longer, going back into the workforce, etc.). 7) A medical case management team was created to more effectively address complex medical and psychosocial issues that clients face, and to promote adherence to medication regimens.
- The Title I program worked in collaboration with the Houston Title II Consortia to bring additional rural outpatient primary care services into the EMA. This collaborative effort resulted in clients from the northern rural counties of the EMA accessing needed primary care services at an HIV-specific clinic without having to travel.
- The Title I program promoted and increased access to care for underserved populations of Hispanic PLWH in FY 1997, by: 1) ensuring that all Title I providers had bilingual (English/Spanish) staff on duty during all business hours; 2) requiring all case management teams to have at least one bilingual case manager; and 3) funding a case management team specifically designed to outreach newly diagnosed (not currently in services) clients. These efforts resulted in bringing into care a total of 437 PLWH not previously receiving primary care services.

► **Cost Savings**

- The EMA redesigned the Title I-funded transportation service system to be more cost effective, providing more services to more clients for a lower cost per mile.

► **Other Accomplishments**

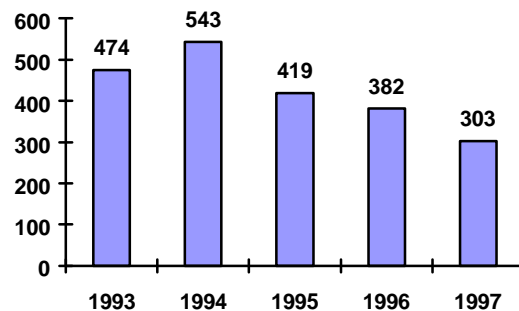
- During FY 1997, the Planning Council was restructured, functions evaluated and reorganized. This reorganization included staff, committee and infrastructure changes, as well as an increase in PLWH participation from 25% to 30% of all members.

## Title I: San Antonio

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Bexar, Comal, Guadalupe, Wilson
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,626
- ▶ AIDS Cases (cumulative) since 1993: 2,121 (8% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	88%	83%	78%
Women (13 years and up):	12%	17%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	2%	2%
20+ years old:	100%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	31%	40%	33%
African American:	15%	38%	45%
Hispanic:	54%	22%	21%
Asian/Pacific Islander:	0%	1%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	59%	47%	35%
Injecting drug user (IDU):	9%	17%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	6%	4%
Heterosexual contact:	18%	13%	13%
Other, unknown or not reported: (Adults only)	11%	18%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,401,386	\$1,580,433	\$1,678,225	\$4,660,044
Supplemental	\$995,040	\$1,433,758	\$1,274,014	\$3,702,812
Total	\$2,396,426	\$3,014,191	\$2,952,239	\$8,362,856

## Allocation of Funds

	1998
Health Care Services	\$1,406,005/48%
Medications	\$171,599/6%
Case Management	\$53,509/2%
Support Services	\$1,075,724/36%
Administration, Planning and Program Support	\$245,402/8%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 24
- ▶ PLWH on planning council: 9 (38%)

## Gender of Planning Council Members

Men:	54%
Women:	46%

### **Race/Ethnicity of Planning Council Members**

White:	46%
African American:	13%
Hispanic:	42%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	5,420
Men:	77%
Women:	14%
Other, unknown or not reported:	9%

<13 years old:	2%
13-19 years old:	0%
20+ years old:	90%
Other, unknown or not reported:	8%

White:	31%
African American:	13%
Hispanic:	40%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	16%

Men who have sex with men (MSM):	13%
Injecting drug user (IDU):	2%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Heterosexual contact:	1%
Other, unknown or not reported:	83%

### **► Improved Patient Access**

- In 1996, the grantee reported that total aggregate number of clients receiving Title I-funded primary health care (medical, dental, mental health, substance abuse treatment) was 5,020 (i.e., the sum of unduplicated counts from 10 providers). Of these, the number of persons receiving dental care services increased by 89%, with 2,236 dental care visits provided; and 147 clients received 1,782 units of substance abuse treatment. The number of office-based medical care visits totaled 9,944, while the number of mental health care services visits totaled 1,810 visits.



- In 1997, the Title I program: 1) added a “Child and Family” service category to deliver needed services to the family members and care givers of infected clients; and 2) established a residential treatment facility with increased substance abuse funding, which supported a 177% increase in the number of people served, from 53 in 1996 to 147 clients in 1997.

▶ **Improved Patient Outcomes**

- With the addition of Child and Family Services, a greater number of women and children accessed supporting services necessary to maintain HIV medical care during FY 1997.
- With the addition of client advocacy services, the grantee reports that more people are receiving HIV/AIDS consumer and care giver education and services information, referral to supportive services, and other supportive services necessary to maintain medical care.

▶ **Cost Savings**

- The grantee reported that increasing the number of persons receiving home health care services in 1997, reduced the need for inpatient care.

▶ **Other Accomplishments**

- With regard to program planning and monitoring, the San Antonio completed their first comprehensive baseline needs assessment in 1997 and established a unit cost budget that was implemented in 1998.

## Title II: Texas

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$16,132,517	\$25,697,515	\$35,149,403	\$76,979,435
ADAP (included in Title II grant)	(\$3,496,103)	(\$11,061,308)	(\$19,651,998)	(\$34,209,409)
Minimum Required State Match	\$8,066,259	\$12,848,758	\$17,574,702	\$38,489,719

### Allocation of Funds

	1998
Health Care (State Administered)	\$23,839,505/68%
Home and Community Care	(\$360,393)
Health Insurance Continuation	(\$847,114)
ADAP/Treatments	(\$22,631,998)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$8,068,032/23%
Health Care*	(\$2,830,296)
ADAP/Treatment	(\$975,524)
Case Management	(\$2,065,454)
Support Services**	(\$2,196,758)
Administration, Planning and Evaluation (Total State/Consortia)	\$2,900,874/8%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 26

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Amarillo Area HIV/AIDS Consortium	Amarillo	Armstrong, Briscoe, Carson, Castro, Childress, Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, and Wheeler Counties	\$248,382
Ark Tex Consortium For HIV/AIDS Services	Longview	Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, and Titus Counties	\$164,839
Austin Area Comprehensive HIV Planning Council	Austin	Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson Counties	\$471,998
Bay Area Consortium on HIV/AIDS	Corpus Christi	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, and San Patricio Counties	\$395,275
Big Country AIDS Consortium	Abilene	Brown, Callahan, Coleman, Comanche, Eastland Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, and Throckmorton Counties	\$169,485
Brazos Valley HIV/AIDS Consortium	Bryan	Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington Counties	\$178,530
Central Texas Area Consortium	Temple	Bell, Coryell, Hamilton, Lampasas, Milam, Mills, and San Saba Counties	\$209,896
Coastal Texas HIV Consortium	Galveston	Brazoria, Galveston, and Matagorda Counties	\$374,399
Concho Valley AIDS Consortium	San Angelo	Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green Counties	\$94,753
Dallas Health Services Del. Area HIV Consortium	Dallas	Collin, Dallas, Ellis, Hunt, Kaufman, and Rockwall Counties	\$1,207,649

Consortium Name	Location	Service Area	Title II Funding, FY 1997
East Texas AIDS Consortium	Nacogdoches	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler Counties	\$251,904
East Texas Consortium of AIDS Service Providers	Longview	Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt, and Wood Counties	\$434,876
El Paso HIV Consortium	El Paso	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio Counties	\$753,809
Ft. Worth Area Comprehensive Planning Council	Fort Worth	Denton, Erath, Hood, Johnson, Navarro, Palo Pinto, Parker, Somervell, Tarrant, and Wise Counties	\$466,562
Golden Crescent HIV Services Consortium	Victoria	Calhoun, De Witt, Goliad, Gonzales, Jackson, Lavaca, and Victoria Counties	\$109,898
HIV/AIDS Consortium of Uvalde	Eagle Pass	Dimmit, Edwards, Kinney, La Salle, Maverick, Real, Uvalde, Val Verde, and Zavala Counties	\$123,287
Houston HSDA Care Consortium	Houston	Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton Counties	\$1,576,710
Laredo HSDA Services Consortium	Laredo	Jim Hogg, Starr, Webb, and Zapata Counties	\$256,499
Lubbock HIV/AIDS Consortium	Lubbock	Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, and Yoakum Counties	\$211,123
McLennan Co. HIV/AIDS Resource and Ed. Services	Waco	Bosque, Falls, Freestone, Hill, Limestone, and McLennan Counties	\$238,777
North Central Texas HIV/AIDS Consortium	Wichita Falls	Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, and Young Counties	\$134,577
Region 8 HIV/AIDS Consortium	San Antonio	Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, and Wilson Counties	\$537,696
Southeast Texas AIDS Consortium	Beaumont	Hardin, Jefferson, and Orange Counties	\$354,965
Texoma Consortium for HIV/AIDS	Sherman	Cooke, Fannin, and Grayson Counties	\$92,640
Title II Consort. of the Lower Rio Grande Valley	McAllen	Cameron, Hidalgo, and Willacy Counties	\$763,008
West Texas AIDS Coalition	Odessa	Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward, and Winkler Counties	\$240,188

## Accomplishments

Clients Served (duplicated count), FY 1996:	36,040
Men:	79%
Women:	20%
Other, unknown or not reported:	2%

<13 years old:	2%
13-19 years old:	1%
20+ years old:	96%
Other, unknown or not reported:	1%

White:	47%
African American:	27%
Hispanic:	21%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	4%

Men who have sex with men (MSM):	33%
Injecting drug user (IDU):	8%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	8%
Other, unknown or not reported:	47%

### ► Improved Patient Access

- The total aggregate number of clients accessing primary health care, treatment, and support services increased 48%, from 24,370 clients (not unduplicated) in 1995 to 36,040 clients in 1996. Over the same period, the number of new clients increased 27% from 12,700 in 1995 to 16,140 in 1996.
- The number of clients served by ADAP increased by 63% between 1995 (14,710 clients) and 1997 (7,691), with over 3,000 new, unduplicated clients served in 1997. Monthly utilization of ADAP has increased 14% from 3,150 in December 1997 to 3,600 clients/month as of May 1998.
- The number of medications available through ADAP has increased from 14 in 1995 to 29 in 1997, including all protease inhibitors, nucleoside analogues, and non-nucleoside analogues.
- Generally, the profile of clients in the Medication program is very similar to that of living AIDS cases.

- Because of new supplemental funds for ADAP in the 1998 grant, Texas was able to lift the restrictions on antiretrovirals.
- Twenty-six pharmacies were added to the statewide ADAP network in 1997, for a total of 207 pharmacies.
- ▶ **Cost Savings**
- The State ensures the lowest possible costs for medications on its formulary by using the Public Health Service pricing system and by purchasing all medications through a central office.
- ▶ **Other Accomplishments**
- The 26 Tittle II-funded consortia expanded efforts in 1997 to achieve closer coordination with local TB prevention, control, and treatment services.
- The Medication Advisory Committee assists the grantee to develop procedures and guidelines for the ADAP. Members are appointed by the Texas Board of Health and must include four physicians (including one pediatrician) actively engaged in the treatment of patients with HIV disease, two representatives of public, nonprofit hospitals delivering services to PLWH, a social worker working with PLWH, and one pharmacist who participates in ADAP. The Committee meets three to four times a year to evaluate existing and unmet needs, review program goals and objectives, evaluate progress, set short- and long-range goals and objectives for medication needs, and develop criteria and standards.

## AIDS Drug Assistance Program (ADAP): Texas

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$5,298,103	\$14,061,308	\$22,651,998	\$42,011,409
State Funds	\$3,024,376	\$6,797,736	\$2,700,000	\$12,522,112
Other: Title I	\$350,000	\$1,150,000	\$0	\$1,500,000
Total	\$8,672,479	\$22,009,044	\$25,351,998	\$56,033,521

### Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 29 drugs, 4 protease inhibitors, 7 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: Yes
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: No
- ▶ Co-payment: Fixed (\$5)
- ▶ PLWH involvement in advisory capacity: Members of the Texas HIV Medication Advisory Committee are appointed by the Texas Board of Health. Three of the 11 members are PLWH.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	7,500
Number using ADAP each month:	3,600
Percent of clients on protease inhibitors:	75%
Percent of active clients below 200% FPL:	96%

## Client Profile, FY 1996

Men:	83%
Women:	17%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	99%

White:	49%
African American:	26%
Hispanic:	23%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%



## Title III: Texas

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	7	7	7	
Total Title III funding in State	\$2,696,578	\$3,062,967	\$3,107,417	\$8,866,962

### Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 7 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 14,372
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 6,370
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 1,744
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
  - ▶ under 200: 28%
  - ▶ from 200 to 499: 42%
  - ▶ above 500: 25%
  - ▶ unknown: 5%

### Accomplishments

Clients served (primary care only), 1996:	6,370
Men:	77%
Women:	23%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	98%

White:	40%
African American:	36%
Hispanic:	24%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	44%
Injecting drug user (IDU):	12%
Men who have sex with men and inject drugs (MSM/IDU):	5%
Hemophilia/coagulation disorder:	2%
Heterosexual contact:	30%
Receipt of blood transfusion, blood components, or tissue:	2%
Other, unknown or not reported:	5%

#### ► **Improved Patient Access**

- The Parkland Health & Hospital System has provided direct medical care to 644 HIV-infected individuals from January 1994 through December 1997. Of those served, 54% of the clients are African American, 18% Hispanic and 41% are women.
- By March 1998, the cumulative number of clients served by the Valley AIDS Council exceeded 800, and the active caseload averaged 285 per month. Service sites are maintained in Harlingen, Brownsville, and McAllen.
- The City of Austin/Travis County Health and Human Services Department works with a network of providers to provide early intervention services. In 1996, the David Powell Clinic, the primary clinic, served almost 800 clients. Rural outreach served 129 HIV-infected persons, and the Mental Health and Retardation Center's early intervention and assessment program served 122 active clients. The grantee reported an increase of 18% in clients who are substance abusers, and an increase of 20% in post-incarcerated clients. The HIV early intervention program also provided more than 350 dental visits.
- In FY 1997, the Harris County Hospital District, located in Houston, averaged 25 new clients per month, with more than 200 visits per month at its clinics. The Thomas Street clinic currently serves 50% of the active HIV/AIDS caseload in Houston. New outreach programs have been established in 13 homeless shelters, eight school-based clinics, and day care centers.
- The Tarrant County Health Department in Fort Worth provided 8% more services in 1997 than in the previous year, with an increase of 300 HIV-infected clients, through improved linkages and referrals from other health and social service agencies.

► **Improved Patient Outcomes**

- The grantee reported that hospital days per patient per year have decreased from 4.5% in 1994 to 2.08% in 1997 for clients enrolled in the early intervention program at Parkland Health & Hospital System. The incidence of opportunistic infections has also decreased dramatically from 23% in 1994 to 10% in 1997.

► **Cost Savings**

- Seventy-five percent of total HIV-related health costs are attributable to hospitalized clients. The Title III program of Parkland Health & Hospital System has resulted in a decreased annual cost for inpatient, emergency, and subspecialty care between 1994 and 1997.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Austin City Health and Human Services Department	Austin	9 Counties	Health Department
Centro de Salud Familiar La Fe	El Paso	El Paso	Community and Migrant (329/330) Health Center
Dallas County Hospital District	Dallas	Dallas	Health Department
El Centro del Barrio	San Antonio	Bexar County	Community and Migrant (329/330) Health Center
Harris County Hospital District	Houston	Harris County	Health Department
Tarrant County Health Department	Fort Worth	Denton, Johnson, Parker and Tarrant Counties	Health Department
Valley AIDS Council/C.A.S.E. Project	Harlingen	Willacy, Cameron, and Hidalgo Counties	Non-329/330/340 Health Center

## Title IV: Texas

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	5	5	5	
Total Title IV Funding	\$2,202,600	\$2,613,857	\$2,796,714	\$7,613,171

### HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	6%
Women with children:	13%
Adolescents/young adults:	20%
Children:	23%
Infants:	8%
Clients with AIDS/HIV Infection:	53%

### Accomplishments

All clients served, 1996:	5,011
Men:	26%
Women:	74%
(Adolescents and adults only)	
<13 years old:	30%
13-19 years old:	20%
20+ years old:	50%

White:	25%
African American:	51%
Hispanic:	18%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	6%

Men who have sex with men (MSM):	2%
Injecting drug user (IDU):	7%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	1%
Heterosexual contact, non IDU:	20%
Receipt of blood transfusion, blood components, or tissue:	2%
Pediatric Exposure:	17%
Other, unknown or not reported:	51%

#### ► **Improved Patient Access**

- In 1997, the University of Texas Health Science Center at San Antonio Title IV program, the South Texas AIDS Center for Children/Families established a children's specialty clinic to provide HIV/AIDS care, primary pediatric care, specialty care, and a women's clinic in one location.
- The South Texas AIDS Center for Children/Families reported approximately 6,000 educational contacts with high-risk youth in 1997.
- A daily average of 23 to 25 children receive respite services through the South Texas Title IV program at the Providence Home, the only specialty care residential facility for children with HIV/AIDS.
- Catholic Charities experienced an 85% increase in number of enrolled clients from 1995 to 1997. During this time period, the number of female clients increased from 159 to 311 (96%) and adolescents increased from 44 to 74 (68%). In 1997, a home-based HIV testing program was initiated.
- In March 1997, the University of Texas, Southwestern Medical Center Title IV program, the Pediatric AIDS Network of Dallas (PANDA) added a bilingual client advocate to work directly with Spanish-speaking families. As the number of HIV-impacted Hispanic children and families in Dallas has grown, this position has become the critical link to providing comprehensive and culturally appropriate services and has increased access to care and compliance with medical recommendations on the part of those served. This individual serves 65 HIV-impacted Spanish-speaking families.

- HIV-infected youth have access to comprehensive health care through an adolescent specialist at the Children's Medical Center of Dallas.
- The Pediatric AIDS Network of Dallas has consistently offered weekly support groups for women for the past ten years. The support groups offer a safe place for women to talk, learn, and receive support.

► **Improved Patient Outcomes**

- Of the 19 HIV-infected, pregnant women served in 1997 by the Catholic Charities Title IV program, 100% received counseling on ways to reduce perinatal HIV infection. Of those, 89% accepted and followed the ZDV regimen.
- The Women's Immunologic Center, a network provider of the Houston Regional HIV/AIDS Resource Group, has noted a decrease in rates of perinatal transmission from 11% in 1994 to 5% in 1996.
- The South Texas AIDS Center served 18 HIV-infected pregnant women in 1997 and 23 as of September 1998. Of those, 100% received counseling about ZDV prophylaxis. In 1998, 87% accepted ZDV treatment compared to 78% in 1997.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Catholic Charities of Fort Worth	Fort Worth		
Houston Regional HIV/AIDS Resource Group	Houston	Houston and Harris County	
Univ. of TX, Health Science Ctr. At San Antonio	San Antonio	47 counties in South Texas	Academic Medical Center
Univ. of TX, Southwestern Medical Center	Dallas	Dallas and 6 surrounding counties	Academic Medical Center
Univ. of TX, Southwestern Medical Center (WIN)	Dallas	Dallas and 6 surrounding counties	Academic Medical Center

## Special Programs of National Significance (SPNS): Texas

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	2	2	2	
Total SPNS Funding in State	\$772,194	\$766,650	\$808,634	\$2,347,478

### Project Descriptions

#### ► Univ. of TX Health Science Ctr., La Frontera Proj.

**Location:** San Antonio

**Project period:** 10/96 - 9/01

**Population Served:** Migrant/seasonal farmworkers and their families

**Description of Services:** Texas is home to the country's second largest population of migrant and seasonal farm workers (MSFW). The Frontera project is dedicated to reducing HIV disease in this population, who are among the nation's most impoverished and medically underserved. La Frontera is designed to decrease the spread of HIV/AIDS through education; increase the number of MSFW who are aware of their HIV status; and improve access to care for those who are infected. The project is developing a coordinated delivery system of HIV care during MSFW migration and at destination sites. It is compiling HIV-risk factors and related demographic information for the predominately Mexican-American families in the target group. La Frontera is also helping with early identification of HIV through confidential testing of those living in rural slums and is offering them culturally appropriate counseling, testing, and HIV prevention and treatment.

#### Project Highlights

- The project collaborated with media outlets and community organizations to facilitate early field work and research.
- La Frontera completed numerous survey-related activities to help develop a model outreach program. For example, it piloted a special outreach survey instrument, tracking forms, and methodology to identify migrant and seasonal farm workers living in "colonias," or rural slums.
- The project developed structured interviews combining national core data with local evaluation elements.
- The project initiated a survey of migrant clinicians' experience with HIV/AIDS, resulting in over 100 referrals from two Texas counties.



- La Frontera developed linkages to create a web site publicizing its model and its activities.
- Over the course of 40 training sessions, La Frontera reached numerous local providers including 240 physicians, 298 nurses and more than 800 other health-care professionals.

► **Univ. of TX Health Science Ctr.,SALUD Project**

**Location:** San Antonio

**Project period:** 10/94 - 9/99

**Population Served:** HIV-infected women, children and their families

**Description of Services:** Project SALUD is a collaborative effort to develop HIV/AIDS services for women, children, and families in San Antonio, Corpus Christi, and the Lower Rio Grande area of South Texas. The project provides a mechanism for building on the capacities of existing health care delivery systems in urban and rural communities to meet the needs of HIV-infected persons and their families. The project has focused on the creation of a comprehensive knowledge base about the epidemic, using family-focused needs assessments, systems resource assessments, and training and education for care providers and community members.

**Project Highlights**

- Project SALUD conducted a comprehensive information gathering effort to identify barriers to care and the capacities of regional health-care systems to serve HIV-positive clients.
- Project staff provided extensive outreach to the provider community, holding more than 100 training sessions for approximately 3,500 medical professionals including doctors, nurses, physician's assistants, home health care aides, and other caregivers. Training sessions addressed special topics relevant to women, children, adolescents, and families.
- Project SALUD formed a Family Preservation Council to conduct various activities to enhance the knowledge base for HIV/AIDS among women, children, and families in South Texas.
- The project has served 622 clients, often from hard-to-reach communities, including 2% African American, 12% White, and 86% Hispanic.
- The project also initiated a women, children and families track at the annual state HIV conference.

## AIDS Education and Training Centers: Texas

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ AETC for Texas and Oklahoma
- ▶ States Served: Texas and Oklahoma
- ▶ Primary Grantee: University of Texas, Houston, TX
- ▶ Subcontractors in State: Baylor College of Dentistry, Diagnostic Sciences - Dallas  
Bering Memorial Foundation - Houston  
Dallas County Hospital District - Dallas  
Harris County Hospital District - Houston  
Montrose Clinic - Houston  
Parklawn Hospital - Dallas  
San Antonio Metropolitan Health Ctr., HIV/AIDS Div - San Antonio  
U.S. Mexico Border Health Association - El Paso  
Univ. of TX Health Sciences Center, San Antonio - San Antonio  
Univ. of TX, Arlington, School of Nursing - Arlington  
Univ. of TX, Austin, School of Nursing - Austin

### Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$813,786	\$586,389	\$756,157	\$2,156,332

### Training Highlights from FY 1997

- The AETC conducted trainings on a variety of topics including: preventing perinatal transmission of HIV in a large managed care organization; a session on adherence to antiretroviral regimens was conducted for the medical staff of the largest CARE Act-funded clinic in Texas; and an update on the science and treatment of HIV for case managers and testing and counseling personnel was presented at the Texas Statewide Conference on HIV/AIDS.
- The AETC conducted an education program on the prevention of perinatal transmission of HIV at the largest provider of maternal care in Texas. Following the training, HIV testing of pregnant women went from 5.7% to 64.2%. In the first year following the training, the agency estimated the 21 women who would not have been identified under the old testing guidelines were found to be infected with HIV.

- The AETC sends “Information Alerts” to all CARE Act-funded providers in the two State region as well as any provider who has attended an AETC training. The alerts address treatment guideline revisions and the availability of other resources that providers may wish to access.
- An arrangement was made with the Texas Department of Health to mail PHS treatment guidelines to all 700 physicians who are prescribing antiretrovirals under the State’s ADAP program. The Texas Department of Health will give CEU credit to physicians who read the guidelines and complete a test on the content of the guidelines. The AETC developed the test and grades those submitted.
- In conjunction with the University of Texas Medical School in San Antonio, the AETC organized an eight-hour teleconference covering basic and advanced topics in HIV care for broadcast to 12 sites in Texas along the Mexican border.

## HIV/AIDS Dental Reimbursement Program: Texas

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

### Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	4	5	5	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$130,139	\$135,873	\$134,620	\$400,632

### Accomplishments

Est. clients served, 1996:	2,043
Men:	83%
Women:	17%
<13 years old:	6%
13-19 years old:	2%
20+ years old:	92%

### HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Baylor College of Dentistry	Dallas
Parkland Hospital	Dallas
Tarrant County Hospital District	Fort Worth
University of Texas, Houston	Houston
University of Texas, San Antonio	San Antonio